

30-3E. 196

Please print, sign and return to the Department of Ecology



# Water Well Report

**Original - Ecology, 1<sup>st</sup> copy - owner, 2<sup>nd</sup> copy - driller**

### Construction/Decommission

### □ Construction

☒ Decommission *ORIGINAL INSTALLATION* Notice  
of Intent Number NA

<b>PROPOSED USE:</b>					
<input type="checkbox"/> DeWater	<input type="checkbox"/> Domestic Irrigation	<input type="checkbox"/> Industrial Test Well	<input type="checkbox"/> Municipal	<input type="checkbox"/> Other _____	
<b>TYPE OF WORK:</b> Owner's number of well (if more than one) _____					
<input type="checkbox"/> New well	<input type="checkbox"/> Reconditioned	<i>Method :</i> <input type="checkbox"/> Dug <input type="checkbox"/> Bored <input type="checkbox"/> Driven			
<input type="checkbox"/> Deepened		<input type="checkbox"/> Cable <input type="checkbox"/> Rotary <input type="checkbox"/> Jetted			
<b>DIMENSIONS:</b> Diameter of well _____ inches, drilled _____ ft.					
Depth of completed well _____ ft.					
<b>CONSTRUCTION DETAILS</b>					
Casing	<input type="checkbox"/> Welded	_____ "	Diam. from	_____ ft.	to _____ ft.
Installed:	<input type="checkbox"/> Liner installed	_____ "	Diam. from	_____ ft.	to _____ ft.
	<input type="checkbox"/> Threaded	_____ "	Diam. from	_____ ft.	to _____ ft.
<b>Perforations:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
Type of perforator used _____					
SIZE of perfs _____ in. by _____ in. and no. of perfs _____ from _____ ft. to _____ ft.					
<b>Screens:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> K-Pac    Location _____					
Manufacturer's Name _____					
Type	_____		Model No.	_____	
Diam.	Slot size	from	ft.	to _____ ft.	
Diam.	Slot size	from	ft.	to _____ ft.	
<b>Gravel/Filter packed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Size of gravel/sand _____					
Materials placed from _____ ft. to _____ ft.					
<b>Surface Seal:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    To what depth? _____ ft.					
Material used in seal _____					
Did any strata contain unusable water? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Type of water? _____ Depth of strata _____					
Method of sealing strata off _____					
<b>PUMP:</b> Manufacturer's Name _____					
Type: _____ H.P. _____					
<b>WATER LEVELS:</b> Land-surface elevation above mean sea level _____ ft.					
Static level _____ ft. below top of well    Date _____					
Artesian pressure _____ lbs. per square inch    Date _____					
Artesian water is controlled by _____ (cap, valve, etc.)					
<b>WELL TESTS:</b> Drawdown is amount water level is lowered below static level					
Was a pump test made? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, by whom? _____					
Yield:	_____ gal./min.	with _____ ft. drawdown after _____ hrs.			
Yield:	_____ gal./min.	with _____ ft. drawdown after _____ hrs.			
Yield:	_____ gal./min.	with _____ ft. drawdown after _____ hrs.			
<i>Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)</i>					
Time	Water Level	Time	Water Level	Time	Water Level
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Date of test _____					
Bailer test	_____ gal./min.	with _____ ft. drawdown after _____ hrs.			
Airtest	_____ gal./min.	with stem set at _____ ft. for _____ hrs.			
Artesian flow _____ g.p.m.    Date _____					
Temperature of water _____ Was a chemical analysis made? <input type="checkbox"/> Yes <input type="checkbox"/> No					

## Current

Notice of Intent No. A15801

Unique Ecology Well ID Tag No. 3 AEA 786

Water Right Permit No. \_\_\_\_\_

Property Owner Name Saratoga Water District

Well Street Address Wells Rd

City \_\_\_\_\_ County \_\_\_\_\_

Location SW1/4-1/4 NE1/4 Sec 19 Twn 30 R 3 EWM or circle

Lat/Long (s, t, r)      Lat Deg \_\_\_\_\_ Lat Min/Sec \_\_\_\_\_

still REQUIRED )      Long Deg \_\_\_\_\_ Long Min/Sec \_\_\_\_\_

Tax Parcel No.

### CONSTRUCTION OR DECOMMISSION PROCEDURE

Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information indicate all water encountered. (USE ADDITIONAL SHEETS IF NECESSARY.)

[illegible]

Start Date 7-8-05 Completed Date 7-12-05

**WELL CONSTRUCTION CERTIFICATION:** I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

Driller/Engineer/Trainee Name (Print) E Boonstra

Driller/Engineer/Trainee Signature Perla Bourke

Driller or trainee License No. 0030

Drilling Company Whidbey Well DRILLERS

Address 716 Holbrook Rd

City, State, Zip Coupeville WA 98239

Contractor's \_\_\_\_\_

Registration No. WH10BWD971LT Date 7-13-04

Ecology is an Equal Opportunity Employer. ECY 050-1-20 (Rev 2/03)

**If TRAINEE,**

Driller's Licensed No. \_\_\_\_\_

Driller's Signature \_\_\_\_\_